

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-042616

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 201

FILED OCT 29 1963

VS 300
Rev. 4/59

11085

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u>		c. CITY OR TOWN <u>El Dorado Springs</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>South Ash Street, Fanning Nursing Home</u>		d. STREET ADDRESS (If outside, give location) <u>Broadway</u>	
3. NAME OF DECEASED (Type or print) First <u>Andrew</u> Middle <u>Franklin</u> Last <u>Alexander</u>		4. DATE OF DEATH Month <u>October</u> Day <u>18</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-12-79</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Clair Co., Mo.</u>	
13a. FATHER'S NAME <u>Isaac Alexander</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Destrow</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u>		17. INFORMANT Address <u>Gladys Ball, R. 2, Nevada, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Arrest</u>		INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <u>Arteriosclerotic Heart Disease with auricular fibrillation, decompensated, Class IV.</u>		Unknown	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cerebral arteriosclerosis</u>		PART III. If deceased was female was there a pregnancy in last 90 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>5:10</u> a.m. <u>A.M.</u> Month, Day, Year <u>Dec 1, 1962</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Nevada, Mo.</u>		
21. I attended the deceased from <u>Dec 1, 1962</u> to <u>October 18, 1963</u> and last saw her/him alive on <u>October 15, 1963</u>		22. DATE SIGNED <u>10-25-63</u>	
22a. SIGNATURE (Deceased or title) <u>James J. Pascoe M.D.</u>		22b. ADDRESS <u>Nevada, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-20-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>El Dorado Spgs. Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>El Dorado Spgs., Missouri</u>
24. FUNERAL DIRECTOR <u>Gwinn-Carothers</u>	ADDRESS <u>El Dorado Spgs. Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>10-26-1963</u>	26. REGISTRAR'S SIGNATURE <u>Anna J. Ferry</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

OCT 8 0 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

May W. Dickering

Licensed Embalmer No. 4696

P. O. Address El Dorado Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.